

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/926807** FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		2					54						
5		1					55						
6	1						56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12			1				62						
13			1				63						
14				1			64						
15			1				65						
16			1				66						
17				1			67						
18			1				68						
19			1				69						
20				1			70						
21				1			71						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	1	6	1			TOTAL IND.						
TOTAL DEP.	10		4				TOTAL DEP.						
TOTAL CLAIMS	12		10				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

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